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01 FC:1501 02 FC:1504	300.00 OP			į	April 29,	2005	(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,457	11/25/2003	· .	Peter V	. Czipott	···	MED/US-53	5977
APPLN. TYPE	SMALL ENTITY	ISSUE F		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	0		\$300	\$1700	07/07/2005
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LEDYNH, BOT L		2862			324-244000		
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32,843

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete if Known							
	Application Number	10/723,457							
FEE TRANSMITTAL	Filing Date	11/25/2003							
For FY 2005	First Named Inventor	Peter V. Czipott							
Applicant plains amall against status. See 27 CER 1 27	Examiner Name	Bot L. Ledynh							
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2862							
TOTAL AMOUNT OF PAYMENT (\$) 1700	Attorney Docket No.	MED/US-53							
METHOD OF PAYMENT (check all that apply)									
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Small Entity Application Type Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$) E	ees Paid (\$)						
Utility 300 150 500	250 20								
Design 200 100 100	50 13	0 65							
Plant 200 100 300	150 16	0 80							
Reissue 300 150 500	250 60	0 300							
Provisional 200 100 0	0	0 0 _							
2. EXCESS CLAIM FEES		- 4	Entity						
<u>Fee Description</u> Each claim over 20 (including Reissues)			≥ (\$) 25						
Each independent claim over 3 (including Reissues)			00						
Multiple dependent claims	·	360 1	80						
	e Paid (\$)	Multiple Depende							
- 20 or HP = x = HP = highest number of total claims paid for, if greater than 20.		<u>Fee (\$) </u>	ee Paid (\$)						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
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Telephone (360)692-4506

Date April 29, 2005